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TUMORICIDE 96

When applied as directed, this preparations is absorbed and dispersed in the blood and lymph systems. It contacts and kills internal malignant tumors and tissues.

DIRECTIONS:

Immerse a cotton swab (Q-Tip) in the liquid and insert into the rectum leaving about a half inch protruding. Immerse a second swab in the liquid and place under the tongue. Remove excess moisture and saliva from under the tongue by blotting with a tissue before insertion of the swab. Remove both swabs after 4 to 5 minutes. Repeat this procedure morning and night for two days (A total of 4 applications).

Relief from distress and pain should be felt within a few hours of the first application.

For treatment of cutaneous melanomas and carcinomas this liquid is applied topically.

There is no risk when using this preparation as directed. A slight stinging may be felt when the liquid is first applied, but disappears in a few minutes. Normal cells and tissues are not adversely effected. No long term adverse effects occur.

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BASAL CELL CARCINOMA

"The clinical presentation and biologic behavior of basal cell carcinomas are highly variable. They may appear as small, shiny, firm, almost translucent nodules; ulcerated, crusted lesions; flat, scar-like indurated plaques; or lesions difficult to differentiate from psoriasis or localized dermatitis. Most commonly the carcinoma begins as a small shiny papule , enlarges slowly, and after a few months, shows a shiny, pearly border with prominent engorged vessels (telangiectases) on the surface, and central dell or ulcer. Recurrent crusting or bleeding is not unusual, and the lesion continues to enlarge slowly. It is common for basal cell carcinomas to alternately crust and heal, which may decrease the concern of both patient and doctor about the importance of the lesion. Basal cell carcinemas rarely metastasize but may be very destructive by invading normal tissues. Rarely, death may ensue because the basal carcinoma invades or impinges on underlying vital structures or orifices (eyes, ears, mouth, bone, dura mater). Because of the highly variable appearance of basal cell carcinomas, the differential diagnosis is extensive."

This is an excerpt from The Merck Manual, Sixteenth Edition, pages 2456, 2457.

A/C Number 10/642,549
Art Unit 1614

Answer to Office Action Summary, Examiner Michelle Graffeo

35 U.S.C. 112

1. A written description and a process of making the composition are concisely, and clearly stated in the "Summary. of the Invention". The method of using it is contained in Claim 1. The method of administering the composition is described in the Merck Manual 19th ed, page 2598, Drug product: "The process of drug movement from the site of administration toward the systemic circulation". "Drug products are formulated for administration by a variety of routes, including oral, buccal, sublingual ,rectal, parenteral, topical, and inhalational."

My composition is absorbed into the systemic and lymphatic systems in a matter of minutes. Since all tumors must have blood circulation in order to survive, this composition reaches the tumor(s) rapidly and kills the malignancy(ies) upon contact .This effectiveness is explained by the theory that all tumors are caused by retroviruses. This composition appears to be an extremely lethal agent, acting at very low concentrations for killing retroviruses. This composition has no adverse effects on normal tissues.

2. "Retroviruses are known to medical science to induce malignant tumors in avian and mammalian hosts, sometimes in the span of a few weeks. These are known as viral oncogens. Viruses linked with human malignancies include papillomavirus (cervical cancer), cytomegalovirus (Kaposi's sarcoma), Epstein Barr virus (Burkitt's lymphoma, immunoblastic lymphoma, and nasopharyngeal carcinoma), and hepatitis B (hepatocellular carcinoma). Retroviruses have been linked to T cell lymphomas (HTLV-1). For several years, Dr. Robert Gallo of the National Institute of Health has believed that retroviruses are the cause of cancers but has been unable to prove his theory. He is the codiscoverer of the HIV virus, and was the first to isolate the T cell lymphoma virus (HTLV-1). The Merck Manual, 19th ed p1268.

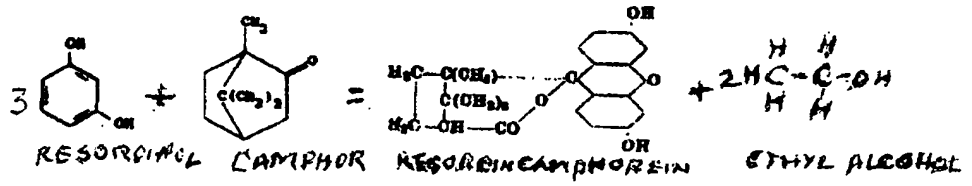
35 U.S.C. 103(a)

1. I disagree with your argument that my patent application is unpatentable over U.S. Patent No 2003/0175328 to Shefer et al.. I bring to your attention my previous application containing the same ingredients at question, filed May 2, 2001 and published Dec.12, 2002 (No 20020188013). Although this situation may not fit the rule that disallows patents on previously published information, it comes very close. If you insist I will apply for a continuational revival, but I hesitate at this time because of the $750. fee. My previous application was filed almost 10 months before Shefer et al's application was filed and was published (12/12/02) about 9 months before Shefer's application was filed (9/19/03). As you are aware, published applications are open to public scrutiny, especially by parties seeking ideas for patents of their own.

It appears that Shefer et al have not done their homework. If you refer to the enclosed Material Safety Data Sheet for resorcinol you can see that ingestion can cause serious toxic reactions. Absorption of resorcinol can cause toxic reactions internally at least ten

times faster than by ingestion. Resorcinol also seriously burns flesh. If used with a patch it will cause a serious burn under the patch. Camphor also presents a toxic risk internally. I cannot find a definition for precancerous tissue, nor can I get an adequate definition from my dermatologist.

The completed composition described in my patent application no longer contains free resorcinol and camphor, but rather, a chemical reaction has taken place between the two agents to produce a complex molecule named "resorcincamphorein". The chemical structure and properties of this compound are shown in enclosed excerpt from Beilstein (the German encyclopedia of organic chemical compounds). An equation for the chemical reaction is shown below:



Resorcincamphorein is the active agent in my composition that is instrumental in the treatment of malignant tumors.

"Applicant is required to provide some credible evidence as to the claimed composition's utility." In claim 1. I have cited four different types of cancer that were successfully treated. I have submitted a signed form swearing that all information submitted in my patent application is true and correct. I would have to be fairly stupid to take the trouble of applying three times for a patent that has no merit. I am submitting evidence of a basal cell carcinoma located on my scalp that was successfully treated . In the Fall of 2003 I was working in our garden and raised my head against a rose tree. A thorn pierced my scalp causing it to bleed. I pulled the thorn out and applied antiseptic to the wound. The wound did not heal as I expected and I thought a piece of the thorn remained in my scalp. When I visited my regular doctor in March of 2004 for a physical examination I asked him to remove the piece of thorn that I thought was causing my problem. He looked at my scalp and told me the wound appeared to be a cancer, and he referred me to Doctor Baker, a dermatologist. Dr. Baker took a specimen from the tumor for a biopsy examination. and subsequently sent me a letter (original enclosed) on April 16, 2004 explaining the results of the biopsy. I applied my composition to the wound immediately after the biopsy. On May 13, I sent a reply (copy enclosed) to Dr. Baker expressing my views on the matter and relating a secondary cancer infection. Since that time, I have had no more problems with the carcinoma.

Richard F. Dechant

(enclosures)

New Claim 2. Excerpt on basal cell carcinomas, Directions for use of comp.
Retyped Claim 1. Lttr from Dr. Baker to R.D. Brochure on Basal Carcinomas
lttr from RD to Dr. Baker, Material Safety Data Sheet
for resorcinol